Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020707

STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2733

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City Mo. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4401 N. Jackson — Length of stay in 1b: 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Clay
c. CITY OR TOWN: Kansas City Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4401 N. Jackson — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: FRANK — Middle: S. — Last: Newton

4. DATE OF DEATH: Month 5 — Day 31 — Year 59

5. SEX: M. — **6. COLOR OR RACE**: W — **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 11-11-1886 — **9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rail Road Machinist — **10b. KIND OF BUSINESS OR INDUSTRY**: — **11. BIRTHPLACE** (City and state or country): K.C. KANSAS — **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Thomas Newton — **13b. MOTHER'S MAIDEN NAME**: Marie — **14. NAME OF HUSBAND OR WIFE**: Lena B. Newton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): WWI (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.**: 712-03-6031 — **17. INFORMANT**: Mrs. Lena Newton — Address: of the Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Pulmonary Fibrosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 525X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ — **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **20f. CITY, TOWN, OR LOCATION** — COUNTY — STATE

21. I attended the deceased from May 28 1958 to May 31 1959 and last saw her/him alive on May 30 1959
Death occurred at 12:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H. Smith MD — **22b. ADDRESS**: 4130 N. Winn Rd KCMo — **22c. DATE SIGNED**: 6-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 6-3-59 — **23c. NAME OF CEMETERY OR CREMATORY**: Elmwood Cem. — **23d. LOCATION** (City, town, or county) (State): K.C. Mo.

24. FUNERAL DIRECTOR: D.W. Newcomer & Sons — **ADDRESS**: N.K.C. Mo. — **25. DATE RECD. BY LOCAL REG.**: 6-3-59 — **26. REGISTRAR'S SIGNATURE**: Neva Marshall

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Charles H. Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4848

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.